

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318 #21364272

SL#31003

12313 -62-048565

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED JAN 2 1963

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN ST. LOUIS, MISSOURI

Length of stay in 1b
6 DAYS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION VAH, ST. LOUIS, MO.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY

c. CITY OR TOWN CUBA

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
1004 W. WASHINGTON

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

FRED

First

MARLER

Middle

Last

4. DATE OF DEATH

DECEMBER 21; 1962

5. SEX

MALE

6. COLOR OR RACE
WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
8/18/94

9. AGE (last birthday)
68

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
FIREMAN

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
MINERAL POINT, MO.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

JOHN T. MARLER

13b. MOTHER'S MAIDEN NAME

THERESA BONE

14. NAME OF HUSBAND OR WIFE

ANNA MARLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
YES WW 1

16. SOCIAL SECURITY NO.

17. INFORMANT

ANNA MARLER

SEE 2D

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Gas Gangrene GAS GANGRENE

INTERVAL BETWEEN ONSET AND DEATH

36 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

063X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from
VA 12/14/62 to 12/21/62
5:10 A and last saw him alive on 12/21/62
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

VAH, ST. LOUIS, MO.

22c. DATE SIGNED

12/21/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE REG. BY

26. REGISTRAR'S SIGNATURE

Thomas Kutis 2906 Gravois

DEC 22 1962

Real Smith M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

1

3

4 0

5 1

6

7 0

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10

11

12 83-0

13

83

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision. _____

Student _____
Signature of Student Embalmer

Signed Eleana Rourke

Licensed Embalmer No. 3403

P. O. Address 2906 Green

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.